

FIG. 1

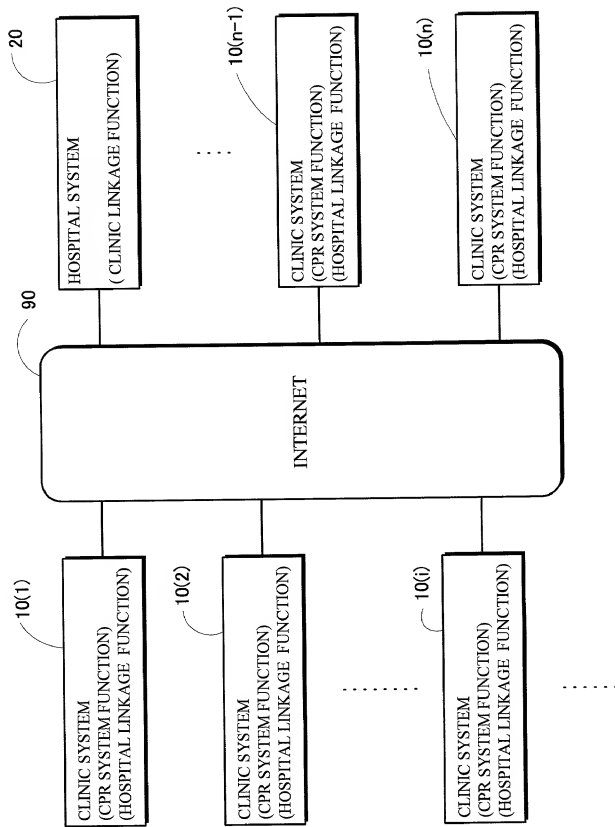


FIG. 2

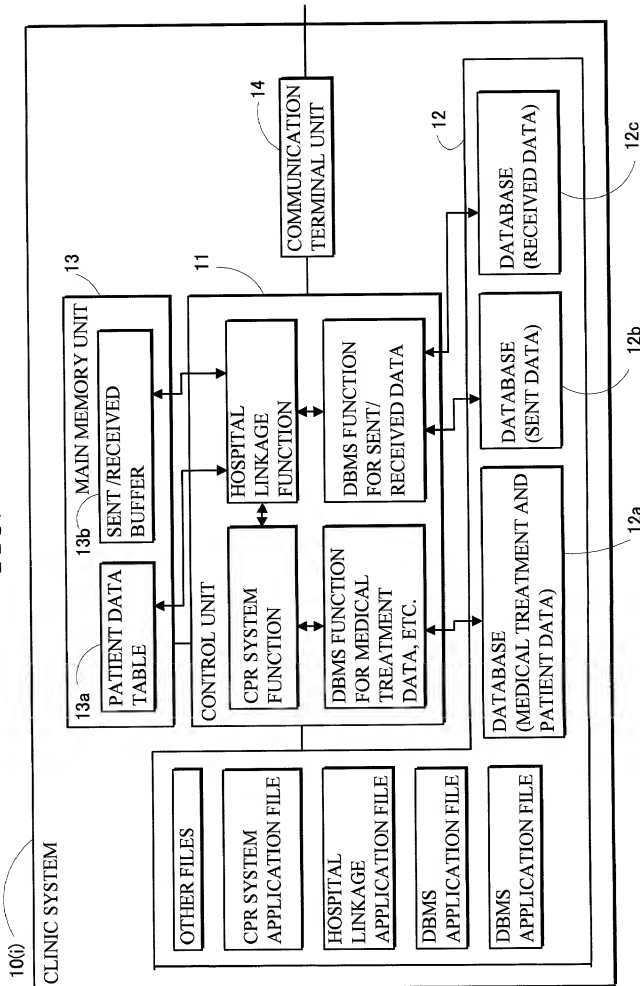


FIG. 3

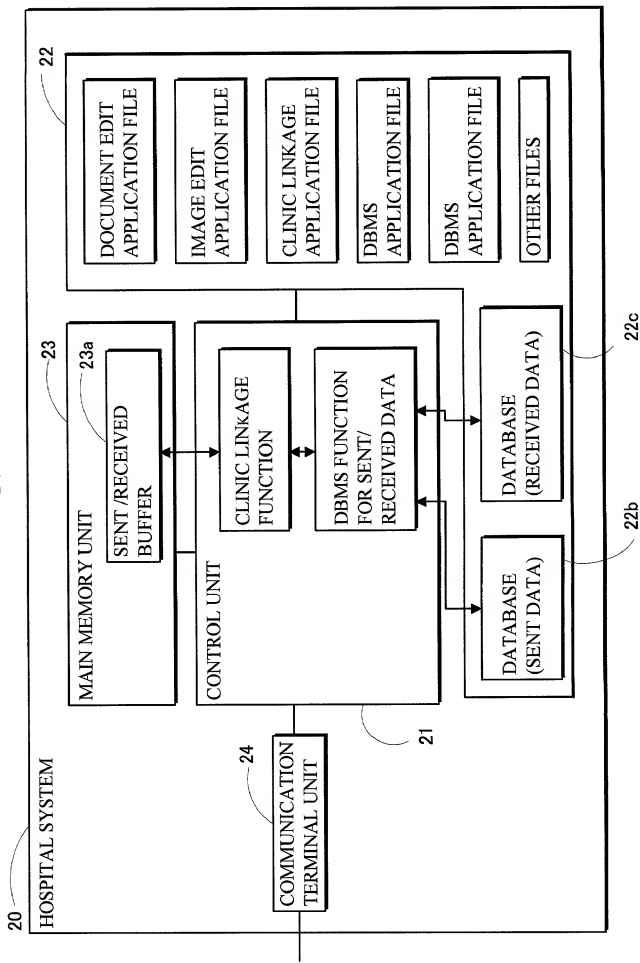


FIG. 4

KEY ← - - - - - 12b

DATABASE (SENT DATA)

E-MAIL ID	SUBJECT	SENT-TO ID	SENT-FROM ID	INQUIRY CONTENTS	CHIEF COMPLAINT AND PRESENT ILLNESS
1	About Symptoms Of Diabetes	100	i	.....	.....
2	Confirmation Of Test Results	100	i	.....	.....
3	Confirmation Of Electrocardiogram	100	i	.....	.....
4	About This Patient	100	i	.....	.....

KEY ← - - - - - 12c

DATABASE (RECEIVED DATA)

E-MAIL ID	SUBJECT	RECEIVER ID	REPIED-FROM ID	REPLY CONTENTS	ATTACHMENT DATA
1	About Symptoms Of Diabetes	i	100	.....	.....
2	Confirmation Of Test Results	i	100	.....	.....
4	About This Patient	i	100	.....	.....
5	Confirmation Of Electrocardiogram	i	100	.....	.....

FIG. 5

DATABASE (SENT DATA)				KEY ← - - - - -	22b	
E-MAIL ID	SUBJECT	REPLIED-TO ID	REPLIED-FROM ID	REPLY CONTENTS	ATTACHMENT DATA	
1	About Symptoms Of Liver Disease	i-2	100	.....	.....
1	About Degree Of Kidney Disease	i-1	100	.....	.....
1	About Symptoms Of Diabetes	i	100	.....	.....
1	About Symptoms Of Liver Test Results	i+1	100	.....	.....

DATABASE (RECEIVED DATA)				KEY ← - - - - -	22c	
E-MAIL ID	SUBJECT	RECEIVER ID	SENT-FROM ID	INQUIRY CONTENTS	CHIEF COMPLAINT AND PRESENT ILLNESS	
1	About Symptoms Of Liver Disease	100	i-2	.....	.....
1	About Degree Of Kidney Disease	100	i-1	.....	.....
1	About Symptoms Of Diabetes	100	i	.....	.....
1	About Symptoms Of Liver Test Results	100	i+1	.....	.....

FIG. 6

PATIENT DATA TABLE (PATIENT ID = j)

DATA NAME	PERMIT/PROHIBIT (DO/NOT DO) <SENDING AND EDITING>	DATA CONTENTS
NAME	Permit	KAWANO Ikuko
NAME IN SYLLABLE	Permit	Ka-wa-no I-ku-ko
SEX	Permit	Female
DATE OF BIRTH	Permit	05/05/80
AGE	Permit	20
OCCUPATION	Permit	student

13a

DATABASE (MEDICAL TREATMENT AND PATIENT DATA)

PATIENT ID	NAME	NAME IN SYLLABLE	SEX	DATE OF BIRTH	AGE	OCCUPATION	PHONE	ADDRESS
j-1	TANAKA Yosiko	Ta-na-ka Yo-si-ko	Female	06/12/70	30	Housewife	.....	.....
j	KAWANO Ikuko	Ka-wa-no I-ku-ko	Female	05/05/80	20	Student	.....	.....
j+1	SUZUKI Taro	Su-zu-ki Ta-ro	Male	10/10/75	24	Company employee	.....	.....

12a

FIG. 7

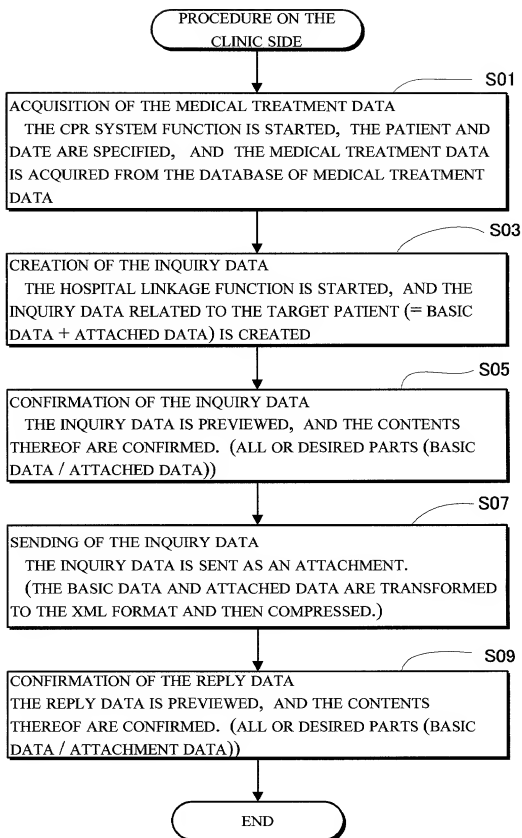


FIG. 8

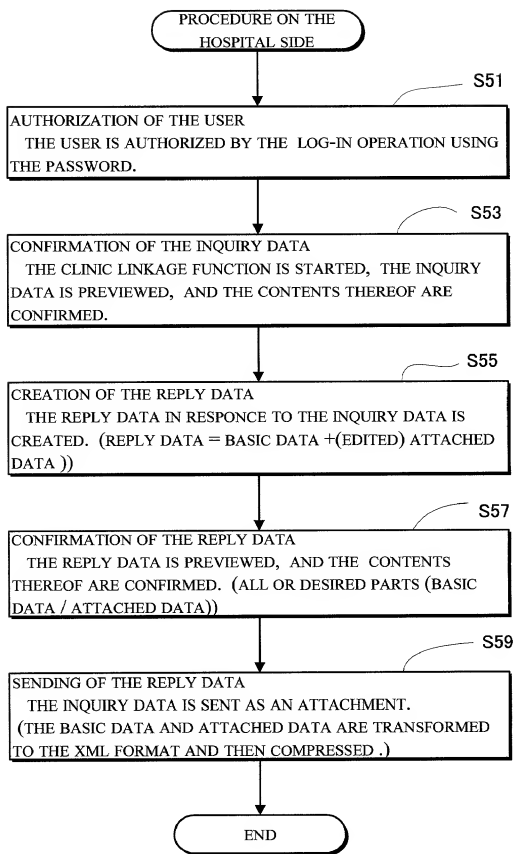


FIG. 9(a)

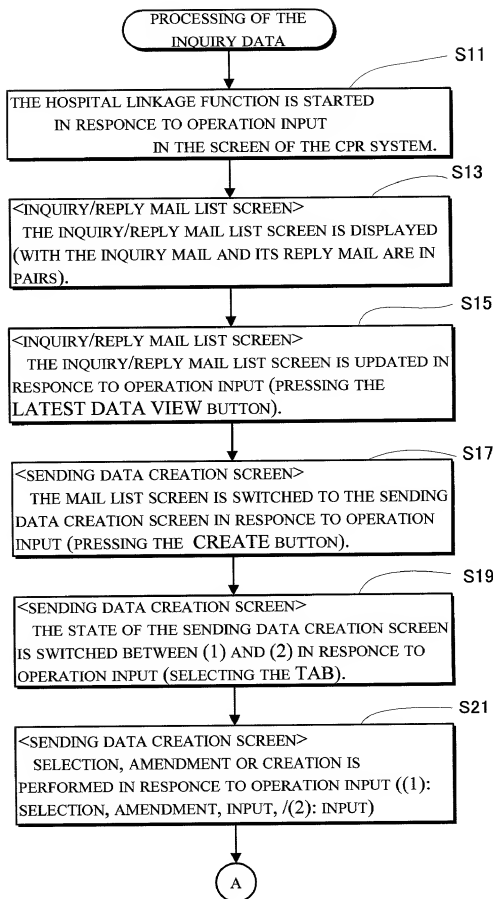


FIG. 9(b)

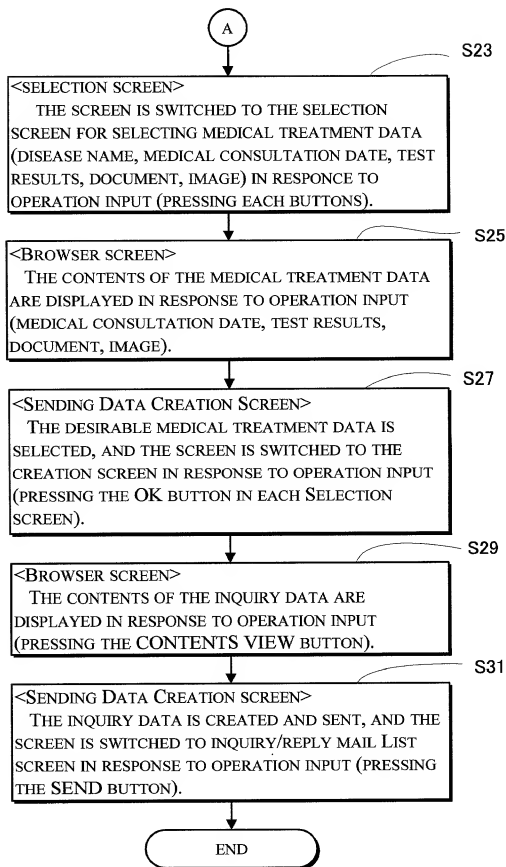


FIG. 10(a)

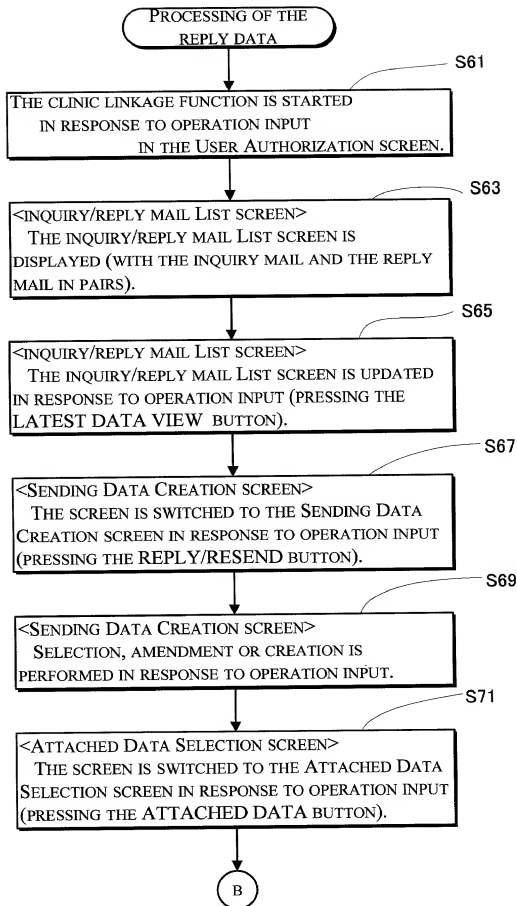


FIG. 10(b)

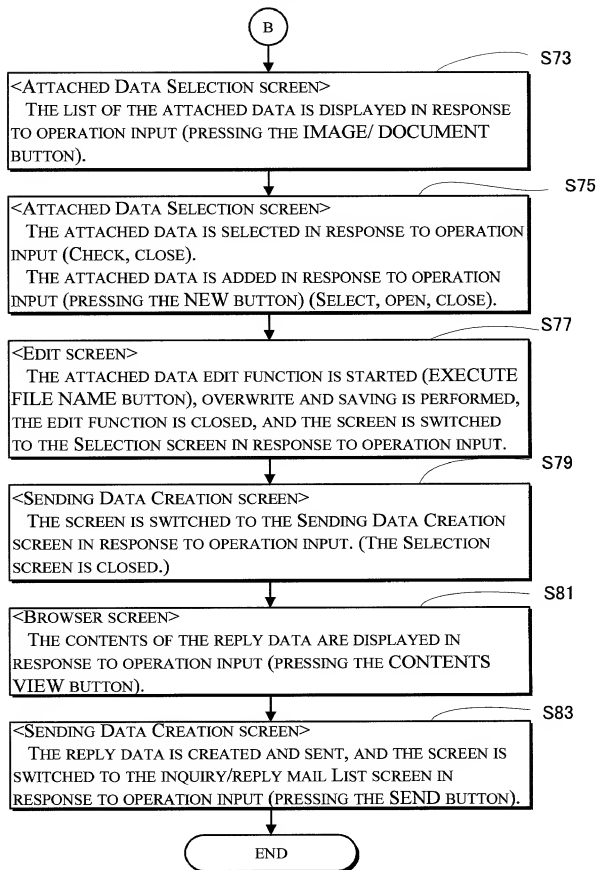


FIG. 11

INQUIRY/REPLY MAIL LIST SCREEN (CLINIC SIDE)

HOSPITAL - CLINIC LINKAGE SYSTEM

HOSPITAL - CLINIC LINKAGE SYSTEM (CLINIC SIDE)

	PATIENT NAME	SUBJECT	MEDICAL INSTITUTION NAME	INQUIRY / REPLIER	SENDING DATE AND TIME
SENDING	IWATA Tadaashi	About Symptoms Of Diabetes	SATO CLINIC	Dr. SATO	09:56/22.06.01
RECEIVING			NAGOYA HOSPITAL	Dr. SUZUKI	10:01/22.06.01
SENDING	KUMAGAI Tomoko	Confirmation Of Test Results	SATO CLINIC	Dr. SATO	09:58/22.06.01
RECEIVING			NAGOYA HOSPITAL	Dr. SUZUKI	10:01/22.06.01
SENDING	UENO Hiroko	Confirmation Of Electrocardiogram	SATO CLINIC	Dr. SATO	10:02/22.06.01
RECEIVING					
SENDING	IWATA Tadaashi	About This Patient	SATO CLINIC	Dr. SATO	10:32/27.06.01

FIG. 12

SENDING DATA CREATION SCREEN (TAB (1) STATE, CLINIC SIDE)

SENDING DATA CREATION

BASIC DATA (1)

PATIENT SELECTION

TANAKA Yoshiko

INFORMATION OF THE PATIENT

NAME

TANAKA Yoshiko

NAME IN SYLLABLE

Ta-na-ka Yo-shi-ko

SEX

Female

DATE OF BIRTH

06.12.1970

AGE

30

OCCUPATION

Housewife

SENT TO

MEDICAL INSTITUTION

NAGOYA HOSPITAL

DOCTOR NAME

Dr. SUZUKI

SENT FROM

MEDICAL INSTITUTION

SATO CLINIC

ADDRESS

2-11, Ooto 2-Chome, Higashi-Ku, Toyota-Shi, Aichi 480-0213

PHONE

0565-32-6548

DOCTOR NAME

Dr. SATO

SPECIALTY

Internal medicine

ATTACHED DATA

DISEASE NAME

SOULUTION DATE

TEST RESULTS

DOCUMENT

IMAGE

SEND

CANCEL

CONTENTS VIEW

FIG. 13

SENDING DATA CREATION SCREEN (TAB (2) STATE, CLINIC SIDE)

SENDING DATA CREATION

SENDING DATA CREATION

BASIC DATA (1)

SUBJECT

Please give us your opinion on our diagnosis of this disease.

BASIC DATA (2)

CHIEF COMPLAINT AND PRESENT ILLNESS

Chief complaint: Chest pain for a month (strong)

Present illness: None

Body data

Temperature: 35.9°C

Blood pressure: 115-88

Weight: 48.5kg

Height: 158cm

Gravida: 1

INQUIRY CONTENTS

About the cloud at the right chest of the photo, lung cancer is suspicious. The clinical history and the chest X-ray photograph image data are attached hereto. Please give us your opinion on our diagnosis.

OTHERS

Please give us additional comments, if any.

ATTACHED DATA

DISEASE NAME

CONSULTATION DATE

TEST RESULTS

DOCUMENT

IMAGE

SEND

CANCEL

CONTENTS VIEW

The initial pain has been feeble and continued for these 6 months or so. The patient has not received any medical treatment but watched the development. The pain with chest squeeze has been increasingly growing.

FIG. 14

DISEASE NAME SELECTION SCREEN

DISEASE NAME SELECTION

DISEASE NAME SELECTION

SELECTION	DISEASE NAME	STARTING DATE	OUTCOME DATE	OUTCOME
<input type="checkbox"/>	SUSPICION OF A GASTRIC ULSER	09.11.1999		
<input type="checkbox"/>	DIABETES	28.09.2000		
<input type="checkbox"/>				

ALL CLEAR

OK

CANCEL

FIG. 15

MEDICAL CONSULTATION DATE SELECTION SCREEN

MEDICAL CONSULTATION DATE SELECTION

MEDICAL CONSULTATION DATE SELECTION

SELECTION	FIRST MEDICAL TREATMENT RECEIVING DATE	SECOND MEDICAL TREATMENT RECEIVING DATE, AND OTHERS
<input type="checkbox"/>	07.09.1999	
<input type="checkbox"/>		05.10.1999
<input type="checkbox"/>		09.11.1999

ALL CLEAR

OK

CANCEL

TEST RESULT SELECTION SCREEN

FIG. 16

TEST RESULT SELECTION SCREEN

TEST RESULT SELECTION

period specification 10.11.1999 23.10.2000 RETRIEVAL

GROUP	ITEM	20.01.00	13.01.00	05.01.00	28.12.99	22.12.99	15.12.99	09.12.99	01.12.99
HEMATOLOGICAL TEST	LEUKOCYTE	6000							
	COMPLUSCLE	580							
	HEMOGLOBIN	11.0							
	THROMBOCYTE	14.5							
	MCV	100							
	MCH	29.0							
	MCHO	32.3							
BIO-CHEMICAL TEST	SERUM	170	152	100	155	130	130	135	162
	PTT	3	3	1	3	3	3	3	3
	ZTT	125	10	120	125	10	105	10	108
	GOT	32	30	42	60	30	39	36	28
	GPT	38	35	40	38	35	38	32	28
	LDH	300	410	300	410	300	452	150	355
	ALP	250	300	222	200	250	250	250	280

ALL SELECT

ALL CLEAR

OK

CANCEL

FIG. 17

DATE INFORMATION INPUT DIALOG SCREEN

DATE INFORMATION INPUT DIALOG

DESIGNATED DATE 23.10.2000

OCTOBER, 2000

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
22	22	22				

OK CANCEL

FIG. 18

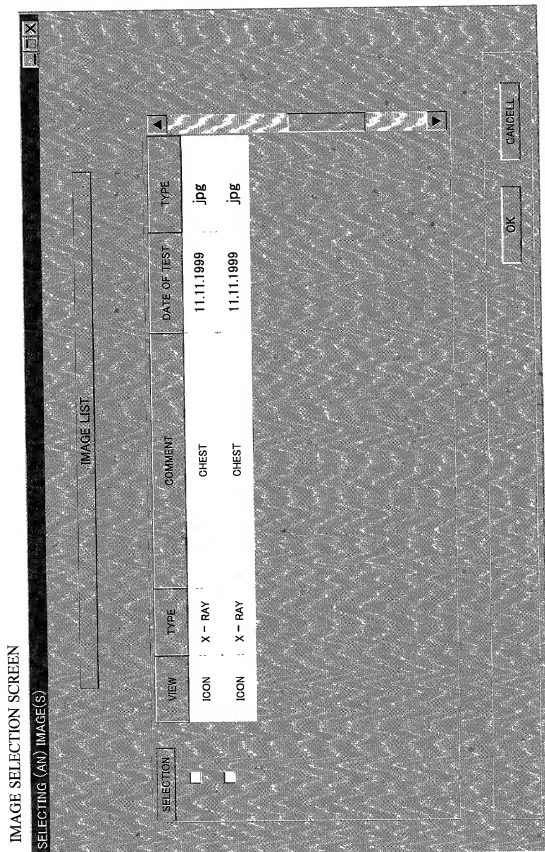


FIG. 19

DOCUMENT SELECTION SCREEN

DOCUMENT SELECTION

DOCUMENT LIST

VIEW	TYPE	COMMENT	DATE OF WRTE	WRITER	ISSUE / RECEIVE	TYPE
ICON	LETTER OF REFERRAL	ASTHMA	11.11.1999	Dr. SATO	ISSUE	DOC
ICON	MEDICAL CERTIFICATE	ASTHMA	11.11.1999	Dr. SATO	ISSUE	TXT

SELECTION ☐ ☐

OK CANCEL

FIG. 20(a)

CONTENTS OF INQUIRY MAIL

c:/dimmsa/data/cousin/atemp/index.htm		CONTENTS OF INQUIRY BASIC DATA	
ADDRESS		ADDRESSEE	
MEDICAL INSTITUTION		Dr's NAME	
NAGOYA HOSPITAL		Dr. SUZUKI	
PATIENT INFORMATION			
NAME IN SYLLABLE		OCCUPATION	
I-wa-ta Ta-da-shi		NONE	
DATE OF BIRTH		SEX	
05.05.1930		MALE	
AGE			
71			
INQUIRING			
NAME			
IWATW Tadashi			
SENT FROM			
MEDICAL INSTITUTION		Dr's NAME	
SATO CLINIC		Dr. SATO	
PHONE			
0585-32-6548			
ADDRESS			
INTERNAL MEDICINE		2-11, oote 2-chome, higashi-ku, toyota-shi, aichi 460-0213	
DATE OF WRITING			
09:51:25/29.06.2001			
SPECIALITY			
DISEASE HISTORY			
MEDICAL HISTORY			
TEST RESULT			
IMAGE			
SUBJECT			
Please give us your opinion on our diagnosis of this disease.		About the cloud at the right chest of the photo, lung cancer is suspicious. The clinical history and the chest X-ray photograph image data are attached hereto.	
CHIEF COMPLAINT		OTHERS	
Chief complaint: Chest pain for a month (strong)		Please give us you opinion on our diagnosis.	
PRESENT ILLNESS			
Present illness: None			
PROGRESS			
The initial pain has been feeble and continued for these 6 months or so. The pain with chest squeeze has been increasingly growing.			

ADDRESS: c:/dimms/data/soushi/index.htm		CONTENTS OF REPLY BASIC DATA	
REPLY HISTORY		ADDRESSEE	
DATE AND TIME OF REPLY		MEDICAL INSTITUTION SATO CLINIC Dr. S. NEMO Dr. SATO	
08:55:04 / 29.06.2001		PATIENT INFORMATION	
09:55:34 / 29.06.2001		NAME IN SYLLABLE I-wa-ta Ta-da-shi DATE OF BIRTH 05.05.1930 OCCUPATION NONE	
08:56:12 / 29.06.2001		AGE 71 SEX MALE	
		INQUIRING	
SUBJECT		Please give us your opinion on our diagnosis of this disease.	
ANSWER		Early removal of the affected part is required.	
SENT FROM		MEDICAL INSTITUTION NAGOYA HOSPITAL PHONE 052-204-3588	
ADDRESS		2-11, Doi 2-chome, Higashi-ku, Nagoya-shi, Aichi 468-2983	
SPECIALITY		INTERNAL MEDICINE Dr. S. NEMO Dr. SUZUKI	
DATE OF WRITING		09:51:25 / 29.06.2001	

BASE DATA

DOCUMENTS / IMAGES

REPLY
MESSAGE

FIG. 21

INQUIRY/REPLY MAIL LIST SCREEN (HOSPITAL SIDE)

HOSPITAL - CLINIC LINKAGE SYSTEM

HOSPITAL - CLINIC LINKAGE SYSTEM (HOSPITAL SIDE)

	PATIENT NAME	SUBJECT	MEDICAL INSTITUTION NAME	INQUIRY / REPLIER	SENDING DATE AND TIME
RECEIVING	IWATA Tadashi	About Symptoms Of Diabetes	SATO CLINIC	Dr. SATO	09:56/22.06.01
SENDING					
RECEIVING	KUMAGAI Tomoko	Confirmation Of Test Results	SATO CLINIC	Dr. SUZUKI	10:01/22.06.01
SENDING					
RECEIVING	UENO Hiroko	Confirmation Of Electrocardiogram	SATO CLINIC	Dr. SATO	10:01/22.06.01
SENDING					
RECEIVING	IWATA Tadashi	About This Patient	SATO CLINIC	Dr. SATO	10:32/27.06.01
SENDING					

SORTING

LATEST DATA
VIEW

REPLY

SUBJECT'S
VIEW

RESEND

DELETE

CLOSE

FIG. 22

SENDING DATA CREATION SCREEN(HOSPITAL SIDE)

REPLYING DATA CREATION

REPLYING DATA CREATION

TO	
MEDICAL INSTITUTION	SATO CLINIC
DOCTOR NAME	Dr. SATO
SPECIALTY	internal medicine

FROM	
MEDICAL INSTITUTION	NAGOYA HOSPITAL
ADDRESS	2-11, Doi 2-Chome, Higashi-Ku, Nagoya-Shi-Shi, Aichi 468-2983
PHONE	052-204-3588
DOCTOR NAME	Dr. SUZUKI
SPECIALTY	internal medicine

PATIENT DATA	
NAME	IWATA Tadashi
NAME IN SYLLABLE	I-wa-ta Ta-da-shi
DATE OF BIRTH	05.05.1930
OCCUPATION	NONE
SEX	MALE
AGE	71

MALE

SUBJECT

Please give us your opinion on our diagnosis of this disease.

CONTENTS

Early removal of the affected part is required. Please check the attachment data and take action accordingly.

ORIGINAL INQUIRY
ATTACHFILE
ATTACHCONTENTS
VIEW

SEND

CANCEL

FIG. 23

ATTACHED DATA SELECTION SCREEN (HOSPITAL SIDE)

ATTACHED DATA SELECTION

LIST OF ATTACHED DATA

SELECTION	TYPE	COMMENT	DATE	TYPE	EDITING
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

NEW IMAGE DOCUMENT CLOSE

ATTACHED DATA SELECTION SCREEN (HOSPITAL SIDE)

ATTACHED DATA LIST

SELECTION	TYPE	COMMENT	DATE	TYPE	EDITING
<input type="checkbox"/>	X-RAY	CHEST	09.11.1999	jpg	WANGIME.EXE
<input type="checkbox"/>	X-RAY	CHEST	09.11.1999	jpg	WANGIME.EXE
<input type="checkbox"/>	CT	CHEST	09.11.1999	jpg	WANGIME.EXE
<input type="checkbox"/>	CT	CHEST	09.11.1999	jpg	WANGIME.EXE
<input type="checkbox"/>	MEDICAL CERTIFICATE	3 DAYS OFF	09.11.1999	rtf	WSPADDER
<input type="checkbox"/>	LETTER OF REFERRAL	DOCUMENT INPUTTED	19.10.2000	bmp	FBRUSH.EXE
<input type="checkbox"/>	LETTER OF REFERRAL	LETTER OF REFERRAL WITH DISEASE CONDITION	19.10.2000	tiff	WANGIME.EXE

NEW image document CLOSE

FIG. 25

ATTACHED DATA LIST SCREEN (HOSPITAL SIDE)

ATTACHED DATA LIST

SELECTION	TYPE	COMMENT	DATE	TYPE	EDITING
<input type="checkbox"/>	X-RAY	CHEST	09.11.1999	jpg	WANGMEERE
<input type="checkbox"/>	X-RAY	CHEST	09.11.1999	jpg	WANGMEERE
<input type="checkbox"/>	CT	CHEST	09.11.1999	jpg	WANGMEERE
<input type="checkbox"/>	CT	CHEST	09.11.1999	jpg	WANGMEERE
<input type="checkbox"/>	MEDICAL CERTIFICATE	3 DAYS OFF	09.11.1999	rtf	WANGMEERE
<input type="checkbox"/>	LETTER OF REFERRAL	DOCUMENT INPUTED	19.10.2000	bmp	PERUSHEE

NEW image document CLOSE

FIG. 26

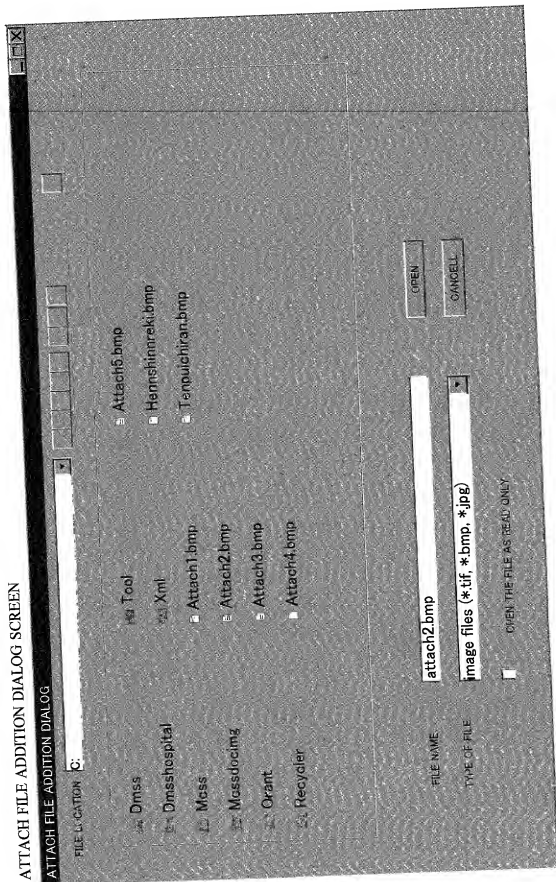


FIG. 27

ATTACHED DATA LIST SCREEN (HOSPITAL SIDE)

ATTACHED DATA LIST						
SELECTION	TYPE	COMMENT	DATE	TYPE	EDITING	
<input type="checkbox"/>	X-RAY	CHEST	09.11.1999	jpg	WANGMEI.XE	
<input type="checkbox"/>	X-RAY	CHEST	09.11.1999	jpg	WANGMEI.XE	
<input type="checkbox"/>	CT	CHEST	09.11.1999	jpg	WANGMEI.XE	
<input type="checkbox"/>	CT	CHEST	09.11.1999	jpg	WANGMEI.XE	
<input type="checkbox"/>	MEDICAL CERTIFICATE	3 DAYS OFF	09.11.1999	rtf	WANGMEI.XE	
<input type="checkbox"/>	LETTER OF REFERRAL	DOCUMENT INPUTTED	19.10.2000	bmp	PERUSHI.XE	
<input type="checkbox"/>	MANUAL INPUT	ADDED DATA		bmp	PERUSHI.XE	

FIG. 28(b)

BROWSER SCREEN (HOSPITAL SIDE)

CONTENTS OF REPLY MAIL	
ADDRESS	c:/dimmsa/date/sousin/atemp/index.htm
REPLY HISTORY	
DATE AND TIME OF REPLY	09:55:04/29.06.2001
	09:55:34/29.06.2001
	09:56:12/29.06.2001
	NOT YET SENT

CONTENTS OF REPLY BASIC DATA	
MEDICAL INSTITUTION	SATO CLINIC
Dr's NAME	Dr. SATO
PATIENT INFORMATION	
NAME IN SYLLABLE	I-wa-ta Ta-da-shi
DATE OF BIRTH	05.05.1930
OCCUPATION	NONE
NAME	IWATW Tadashi
AGE	71
SEX	MALE
INQUIRING	
SUBJECT	Please give us your opinion on our diagnosis of this disease.
ANSWER	Early removal of the affected part is required.
SENT-FROM	
MEDICAL INSTITUTION	NAGOYA HOSPITAL
PHONE	052-204-3588
ADDRESS	2-11, Doi 2-chome, Higashi-ku, Nagoya-shi, Aichi 488-2983
SPECIALITY	INTERNAL MEDICINE
Dr's NAME	Dr. SUZUKI
DATE OF WRITING	

REPLY MESSAGE	DOCUMENTS / IMAGES	BASIC DATA
---------------	--------------------	------------

FIG. 29

DATABASE (SENT/RECEIVED DATA, HOSPITAL SIDE)

MAIL ID	MESSAGE ID	MESSAGE TYPE	REPLY FLAG	MESSAGE STATUS	SERIAL NUMBER	LATEST FLAG	INQUIRY SEND TIME
1	TANAKA CLINIC 010610	1	2	1	1	1	
2	TANAKA CLINIC 010610	2	2	1	1	1	
3	ITO CLINIC 010611	1	2	1	1	1	
4	TANAKA CLINIC 010611	2	2	1	1	0	
5	TANAKA CLINIC 010611	2	2	2	2	1	

MAIL ID (AUTO NUMERING)

MESSAGE ID (TEXT TYPE)

MESSAGE TYPE (1:INQUIRY, 2:REPLY)

REPLY FLAG (1:NOT REPLY, 2:REPLIED)

MESSAGE STATUS (1:READ, 2:NOT READ, 3:SENT)

SERIAL NUMBER (SERIAL NUMBER OF DOCUMENT)

LATEST FLAG (0:NOT LATEST, 1:LATEST)